

**MINUTES FROM MH WORKGROUP MEETING**  
**November 12, 2003**

**Recorded by Tricia Ouellette, MBA**  
**Performance Improvement Specialist, NVMHI**

Start time: 12:40pm

Welcome and Introductions were made.

Updates since last MH Workgroup Meeting:

Steering Committee –

- Phone Conference 10/13/03 discussed Steering Committee's relationship to this workgroup and identified five major tasks as focus.
- Lynn and Jim felt recommendations should continue to be made regarding bed closings, but that closings should not be the bulk of topic/primary focus. Both felt that primary focus should be on forensic issues.
- Arkansas Partnership will not be attending Steering Committee.
- Per Joan, efforts should be made to look for other sources of funding, such as block grants. We need to look into the possibility of aid in form of technical assistance, in addition to funding.
- Steering Committee is expecting a report on the discovery workgroup and the recovery workgroup. They will be meeting before next MH workgroup meeting.

NVMHI consumers group- concern is that we're losing beds and that these beds are going to be shared with others. The crisis facility never ran to full capacity, criteria for other jurisdictions are very high for use of crisis beds. Committee to do UM/R, and pay attention to what the criteria is and determine what the implications are.

DAD Meeting 10/9/03 update-

--Snowden Hospital has joined and is working on work plan for the year. Western State is closing beds (concerns). This is directly related to 35 DAD-funded positions. One ward closed last week and they are still running 12 people below operational levels. There has been \$1,481,000.00 now redirected into plan. We will have one-time balance this year and are buying beds as needed when full for patients that are in local facilities (The project will fund local facilities).

Recovery Group-

- Part of strategic plan, headed by Sharon Letourneau. She is taking lead on developing this group.
- The group now has a regional identity. Recovery model will be general focus. Group needs to identify specific focus and mission. Sharon is working on identifying needs of facilities and the next steps. The group has not yet met.
- Working on possibility of having collaborative effort to identify what recovery support means, and understanding that recovery is a philosophy. This group needs to develop measures and be

looking for material nationwide detailing overlaps between different disabilities for specifics. Also needs to look at the areas that have not been met yet.

-Full cultural change has not occurred yet and we need to recognize difficulty of changing culture. Workgroup will focus on what we can do to accomplish this. Information needs to be consolidated (intention of group). Group has identified need for education of staff, patients and families as initial step, then changes can be implemented. Leslie will contact Sharon to pull group together. Group needs to pull together thoughts for meeting.

-Human Rights Committee at NVMHI commended for accomplishment of cultural change in work environment, as staff feels “safe”. Look for possible development of bridge between what hospital has learned and what is still needed within the community. The consumer community needs to be communicating with the provider community to ensure the most appropriate person is caring for needs of patients.

-No updates from Lynn Delacy/Jim Thur

#### Update on psychiatric bed closings-

-Alexandria, some possibility of beds being available. NVMHI is always near or at capacity. Pinebrook in Culpeper closed last month. This is pertinent as the closure affects Prince William County facilities due to its close proximity. Eastern State will have its first ward closure by 11/15/03.

#### Forensic Workgroup-

-Did not meet last month, but has cataloged what CSBs are doing around workgroups such as working with criminal justice subgroups. This workgroup needs to come up with a “wishlist” re: NGRI population. Suggestions from MHWG: group should be kept smaller but relevant people can participate; Fairfax is having a “summit” trying to get community (sheriff, judge, etc.) together at the same table (having regional meeting early winter); doing pilot with NAMI for mentor system. Group will set up meeting today.

#### Co-occurring disorders group-

-This group is looking at ways to creatively move people forward. There is a similar workgroup in Fairfax county that is taking an inventory of resources from county and deriving a “best practices” approach to dealing with this issue, with a focus on “content areas”. The goal is to have consistent services available to all clients in Fairfax. There is a special population group focusing on this area (this needs to be brought up to Steering Committee to bring everything together). Field trips have been effective. The financial need around reinvestment needs a “closure date”. NVMHI identifies the following as needs for focus of this group: getting inappropriate admissions, barriers for discharge because services are not available for what patient needs. The mission still needs to be determined for this group. For group membership, it would be important to have members with mental health background. Mission should be to identify unmet needs of population and resources for the population.

#### Of Interest –

-11/20/03 @ 1:30pm - Comprehensive State Planning meeting in Prince William County

-12/05/03 – Legislative agenda meeting

Various Discussions –

- Discussion about why funding differs between MR and MH from federal government. MH does not have access to the same types of services/resources as MR, such as MH is unable to have paid advocates. There is a history of inequity in funding streams from Medicaid and an uneasy relationship between advocacy and services. Advocacy is needed to convince the state of a funding need (as is being done in other states i.e. PA). We need to link “need” for advocacy to “money” for advocacy.
- Discussion about development of PAC teams for MH, and the funding of these teams. The need for PACs have been verified.

Partnership Project workplan – not entirely on target, but close. Data is still being collected and analyzed. The final report will be in spring, and will promote the recovery model. The plan was to discuss this at this MH meeting (done), hoping we would be at place for discussing options. The MR/MI workgroup (for Jan?) will look at MI/MH issues and will discuss homeless shelters as subject comes up. The workgroup will be adjusted to reflect changes by next April, and meetings will be smaller.

Adjourn: 2:40PM